| ention: NOZZLE 1 | #7469 Ashman | | 2003 | Examiner L. A. Bouche | elle 376 | |
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| | _ | CLAIM | S AS AMENI | DED | | |
| | Claims Remaining After | Highest Number Previously | Number Extra Claims | | | |
| Total Claims | Amendment 24 | Paid = | Present | Rate X | | |
| ndependent Claims | 6 | - 3 = | 3 | x 100.00 | 300.00 | |
| Multiple Dependent | t Claims (ch | eck if applicabl | e) | | | |
| | | erminal Disclain | ner Fee | | 65.00 | |
| Other fee (please specify): Extension for response within first month | | | | | 60.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 425.00 | |
| Large Entity | | | | x Small Entity | , | |
| No additional fe | ee is require | d for this amer | ndment. | | | |
| Please charge | Deposit Acc | ount No | 04-0100 ii | n the amount of \$ | | |
| A duplicate cop | y of this she | | | | | |
| A check in the a | amount of \$ | | to cover | the filing fee is end | closed. | |
| x Payment by cre | edit card. Fo | orm PTO-2038 | is attached. | | | |
| The Director is as described be | - | | - | Deposit Account Nenclosed. | lo. <u>04-0100</u> | _ |
| x Credit any | overpaymer | nt. | | | | |
| x Charge any | additional fili | ng or applicatio | n processing | fees required under | 37 CFR 1.16 and 1. | 17. |
| 1/ | 10 | | | | | |
| Kevin L. Reiner Attorney/Agent Re | g. No.: 43. | 040 | | Dated: | January 8, 2007 | |
| DARBY & DARBY P.O. Box 5257 | | · · | | | | |
| P.O. Box 5257 New York, New Yo (212) 527-7641 | ork 10150-5 | 5257 | | | | |